



The Commonwealth Center for Children and Adolescents

Placement Description

CCCA is a 48-bed inpatient psychiatric facility, operated by the Virginia Department of Behavioral Health & Disabilities Services agency, serving children aged 5-17 experiencing mental health crises.

This placement is primarily housed in the Expressive Therapy Department. The ET department includes multiple creative arts therapies and support services including art therapy, recreation therapy, music therapy, and peer support. There may be opportunities to interact with and work alongside other disciplines such as Psychiatry, Psychology, Social Work, and Substance Use Counseling.

The patient population at CCCA includes children and adolescents requiring treatment due to:

- a Temporary Detention Order (TDO) issued as a result of unsafe behaviors in the community resulting in being considered a danger to self or others
- an Emergency Custody Order (ECO) issues as a result of abuse/neglect and CPS involvement
- a court-ordered 10-day Evaluation intended to determine treatment needs
- a need for residential placement

Intern or Field Placement Responsibilities/Opportunities

- Engage in quality time with patients experiencing any combination of psychiatric symptoms to build therapeutic rapport and trust and provide opportunities for positive engagement and self-expression.
- Teach appropriate behaviors and model appropriate interactions.
- Reinforce appropriate behaviors and appropriate interactions with peers and/or staff members and follow all guidelines of the CCCA Incentive Program.
- Assist patients in the development and implementation of daily living skills.
- Assist expressive therapy staff with daily task completion including -
 - Planning, developing, and co-facilitating individual and group activities.
 - Gathering information for BH Psychosocial Assessments.



- Delivering coping materials and supplies to patients upon request.
- Inventorying, organizing, and managing supplies and materials.
- Collect and document data related to patient behaviors, interactions, and engagement levels during group and individual interventions.
- Provide emotional support and coaching to patients to encourage utilization of positive coping skills.
- Provide verbal de-escalation and aid in conflict resolution during behavioral emergencies.

Other Notes

- Approximate travel time to the facility from JMU is 30 minutes.
- Due to the acuity of our patient population, students interested in completing their field placement at CCCA must understand the intense, vulnerable, highly emotional, and sometimes dangerous nature of working in this setting. Students will not be expected to work independently unless, or until, comfortable and will receive supervision to debrief and support the challenging learning situations they may encounter on-site.
- This placement requires training in Therapeutic Options (TO) Safe-Restraint program, LEAD verbal de-escalation training, as well as the Ukeru Restraint-Free training. All training will be provided by CCCA but may require on-site participation outside of regularly scheduled hours and will need to be completed before field-placement hours can begin accumulating.

Contact Information

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Read about students' experiences at this site below:

Spring 2024 – Kolbee Wisniewski

The Commonwealth Center for Children and Adolescents is a crisis stabilization in-patient facility under the jurisdiction of the Department to Behavioral Health and Development Services. Located in Staunton, Virginia, this center provides acute intervention for youth who had been deemed harmful to either themselves or others within their community due to a variety of mental illnesses and developmental disorders. Multidisciplinary teams are used through evaluation and medication management by psychiatrists; individual and group counseling with psychologists; connections to family and community agencies via the work of social workers; supervision and care by nursing staff and psychiatric care technicians; in-house education through Staunton city schools; and expressive therapy activities in evening group sessions.

Working directly within the expressive therapy department, I have been able to make therapeutic relationships with youth, push my creative bounds through providing engaging activities, and become more aware and confident in the realm of child psychopathology, specifically in an in-patient setting. With the diverse clientele of the CCCA, such as those child onset schizophrenia, ASD, conduct disorders, and severe anxiety disorders, there is in depth exposure to a wide variety of DSM-5 disorders and symptomology. Along with exposure there is the ability to read patient psychiatric and social work reports, case management updates, and therapeutic notes to get a comprehensive understanding of the acute intervention process. Opportunities to work with patients individually and in group settings are presented throughout the day with ample freedom to create projects based on the interests, capabilities, and expressive needs of the client. During orientation, it is mentioned that you will always be paired with a staff member of the expressive therapy team, however due to irregular schedules and understaffing this frequently is not the case. Though this has caused much more idle time than originally anticipated, it also taught me to advocate for myself and become more confident working independently.

Since CCCA only houses patients with extreme behavioral dysregulations, in-depth safety training is provided prior to starting field work. These re-direction, intervention, and protective procedures are ones that are applied frequently throughout the semester, allowing you to push beyond your comfort zone into a high intensity psychiatric environment and better prepare you for work in an ED, forensic, or in-patient setting. Though the use of physical restraints and seclusion is difficult to observe, participate in, and process emotionally, it is something that can be necessary in these settings for the safety of clients and those around them. However, CCCA seems to overuse these measures, placing children in restraints multiple times throughout the day with little attempts at redirection prior. These instances were often extremely difficult to witness due to the young population that is served in this center.

Though this field placement had a lot of ups and downs, it was overall extremely beneficial for me both personally and professionally. I have gained experience with populations I had never yet worked with such as those with severe and moderate presentations of ASD, psychosis, drug-induced psychosis, trauma related disorders, and intermitted explosive disorder.



This has allowed me to learn and practice techniques for establishing rapport and working relationships with the clients. Additionally, boundary setting was a skill that I had to quickly learn. The population of children and adolescents served through this center often lack personal and emotional boundaries with peers and staff, making it crucial to firmly communicate boundaries from the initial encounter with the client. This is especially critical as several of these clients have presentations of hypersexual behaviors and often attempt to push these boundary lines.

Our contribution project was assigned to us by the director of expressive therapies, Valerie Jackson. After communicating the need for increased engagement on behalf of the on-unit staff, and a heavy burden on expressive therapists to take on this responsibility throughout the day, Valerie requested that we put together activity bins that can be kept on the unit. This project did not take very long to complete and consisted of researching a wide variety of activities that did not require materials that could be used for harm (scissors, pencils/pens, tape, beads, etc.) and would be inclusive for clients that lacked motor or cognitive skills required for activities such as card or board games or organized recreational activities. By pre-packaging all necessary materials into bins and placing them on the units, staff members are able to present the clients with engaging activities throughout the day without relying on expressive therapy staff. This opens the opportunity for clients to be creative and engaged more frequently, as expressive therapy sessions only occur in the evenings.

This field placement is truly unforgettable and has allowed me to be more confident going into fields such as ABA, in-patient, or recreational therapies. Being the only public in-patient facility in Virginia for children and adolescents, CCCA provides an in-depth view of what the public behavioral health field holds in terms of admissions, practices, and connection to services after discharge with frequent overlap with the Department of Social Services. Through pushing me out of my comfort zone, this experience has better prepared me for comprehensive work in the field of psychology.

Spring 2024 – Jessica Zogg

This semester, I completed field placement at the Commonwealth Center for Children & Adolescents (CCCA). Located in Staunton, Virginia, the CCCA is an acute inpatient psychiatric facility that serves individuals under the age of 18 within the state. Typical circumstances for admission include threatened or attempted suicide, aggressive/assaultive behavior, and the need for evaluation and medication management. The CCCA states that their mission is “to provide high quality acute psychiatric evaluation, crisis stabilization, and intensive short-term treatment that empowers children and their families to make developmentally appropriate choices and that strengthens children’s hope, resilience, and self-esteem.” Among the services provided at the center are an education program through Staunton City Schools and federally assisted meal programs through the U.S. Department of Agriculture. Patients are also assigned to one of three groups upon admission—based on their developmental level—that determines their daily schedule of classes, groups with social workers/activities therapists, and recreational time.



As an intern with the Expressive Therapy team, I had the opportunity to shadow and assist the activities therapists with group sessions. These ranged from art group to music group, and even recreational groups where we would take patients out to the playground or down to the gym. During groups, I was able to interact with a lot with patients, which was my favorite part of placement at the CCCA. As an acute care facility, the average length of stay is typically one to three weeks. However, there were numerous patients that remained at the center for longer, and even a couple that were there for the entirety of my placement. Over the course of the semester, I was able to develop a positive connection with these individuals and looked forward to seeing them during my shifts. In addition to group sessions, I was also able to shadow and facilitate individual expressive therapy sessions with one of the therapists. These sessions were part of a specific patient's daily routine, and typically consisted of supervised free time in the center's sensory room. I spent a lot of time with this therapist and patient as a result of these sessions, and I really enjoyed observing their interactions. The patient, diagnosed with autism spectrum disorder and ADHD, craved strict routine and would become agitated—sometimes even aggressive—when their routine was altered. Being able to observe the therapist's interactions with them taught me how to manage change with individuals on the autism spectrum, and over the semester, I got more comfortable interacting with this patient on my own.

Overall, my impressions of the CCCA are very mixed. I purposely chose it for placement because I wanted experience working in an inpatient environment and with children and adolescents. My position certainly gave me this experience, and I learned several valuable skills such as flexibility, communication, rapport development, and safety awareness. The expressive therapists were also very welcoming and supportive. However, there were several aspects that made working at the CCCA more challenging than less enjoyable than I initially imagined. One of the biggest things was staffing issues. There were many times when I came into work and there wasn't a therapist there for me to shadow. Because I didn't feel safe going down to the patient units by myself, this meant I was stuck sitting in the office with nothing to do. There was also a frequent shortage of staff on the units (nurses and psychiatric care technicians), which led to us interns being asked to do tasks we weren't authorized to do, such as transporting patients or sitting with them one-to-one while their care technician took a break. This put me in many uncomfortable situations, because while I wanted to help the staff out and make sure patients got to attend groups, I didn't want to violate any rules or regulations, especially because I hadn't been trained in documentation. Another limitation I found with working at the CCCA was the services provided by the expressive therapy team. When I chose placement and first started working at the center, I was under the impression that the groups held by the expressive therapists would resemble group therapy sessions and include reflective/therapeutic activities. However, the therapists aren't licensed counselors, and groups typically consisted of the same activities (mainly coloring and card games). This got to be very frustrating over the semester, and I sort of felt misled about what my experience would entail.

One of the main, and only, areas we were trained in prior to starting placement at the CCCA was safety and de-escalation. We went through Therapeutic Options (TOVA) training and learned how to physically restrain patients in case it ever became necessary. Due to the nature of patients admitted to the center, restraint and seclusion measures are utilized very



frequently, mainly when patients are in danger of hurting themselves and/or others. While I was informed of this when I interviewed for placement, our supervisor sort of downplayed it, and I definitely was not aware of the true frequency with which codes are called and patients are restrained. As a member of the expressive therapy team, and as an intern, I was not involved in many codes/restraints, nor was I expected to respond to them when they were announced over the intercom. However, those that I did witness/was involved in definitely left an impression on me and made me question the ethics of care at the CCCA. I know that restraints and seclusion are meant to ensure the safety of both patients and staff, and, when used correctly, should not cause any harm to the patient. But there were several instances in which, in my opinion, staff put a patient into a hold unnecessarily. There was even a time where I had to help staff restrain a patient to the floor after he started hitting them, and even though it was necessary, he kept saying that we were hurting him and to get off. The entire concept of restraint and seclusion—especially with children and adolescents—is a big gray area for me, and I think it has steered me away from working in an inpatient setting in the future, although I wouldn't count it out entirely. The information I learned in abnormal psychology was certainly helpful for placement at the CCCA. During my time at the center, I encountered a wide variety of patients, each with their own unique combination of diagnoses. Witnessing severe mental illnesses in person is undoubtedly very different than reading about them in a textbook, but I think having a basic understanding of their symptoms and treatment helped prepare me to work with patients at the CCCA. It was interesting to see how the same disorder could present differently in different patients, and I definitely became more familiar with disorders unique to children and adolescents, such as conduct disorder, ODD, and separation anxiety disorder. I think that clinical psychology also taught me a lot about how to interact with patients. Even though the information we discussed in class mostly focused on clinician/client interactions, particularly in a therapeutic setting, many of the concepts helped me be successful in my placement at the CCCA. For example, skills such as active listening, respect, and empathy were central to my interactions with patients. I wanted them to view me as welcoming, accepting, and supportive, and I think the characteristics of a good clinician that we learned in clinical psychology influenced how I presented myself to and treated patients. At times, it was challenging to know when to be accepting of patients' behaviors and when to correct them, so I typically deferred to the therapists in these situations.

For our contribution project, we created organized activity bins to be stored on each of the units and utilized outside of scheduled group time. Our supervisor gave us this idea at the beginning of the semester because she felt like there was a divide between the nurses/psychiatric care technicians (PCTs) and the expressive therapists. Essentially, the nurses/PCTs view engaging patients in activities as a responsibility of the therapists, while they observe and document patients' behavior. However, nurses and PCTs spend significantly more time with patients on the unit, and when patients become bored is typically when they display negative behaviors. Therefore, our supervisor wanted to create simple, safe, and readily accessible activity bins that nurses/PCTs could engage patients in during downtime, and, hopefully, keep them from acting out. To make the activity bins, we first developed a list of safe activities that patients can do with little to no supervision using a binder from the expressive therapists. Next, we grouped



the activities based on type (paper, dice, etc.) and gave each one its own difficulty level. Since patients at the CCCA are assigned to one of three treatment groups based on their developmental level, staff can use the difficulty ratings to select the most appropriate activities for a specific patient. After taking inventory of the center's supply closet and working with our supervisor to order the necessary supplies, we put each activity's respective materials into its own bin, along with the instruction's sheets and a sign-out sheet. The sign-out sheet is both an administrative and safety measure intended to be filled out by staff to keep track of who uses what activity when and verify that patients return all materials to the bin. Once assembled, the activity bins were stored in the supply closets on each unit, which only staff can access. I didn't mind our contribution project—I understood the purpose and was willing to help with what was needed. However, I don't think it required three of us to complete, and I didn't appreciate how our supervisor waited until the last few weeks of the semester to give us the supplies to actually assemble the bins. I also felt that the topic/project was difficult to turn into an 8–10-page paper, even though I still managed it.

Placement at the CCCA was definitely challenging and not as positive as I had hoped. There were many positive moments, and, overall, I am glad I got this experience—especially as an intern rather than a full-time employee. However, I feel like I could have gotten a lot more out of my experience if the facility was more organized, and the expressive therapy team improved. One of the things that frustrated me the most about my placement was our supervisor. In my opinion, she was very disconnected throughout the semester. She almost never checked in with us about our experience, progress, and needs, and she sometimes met our questions with judgement. I understand teaching us to be independent and take initiative, but I wish we would've received more direction and guidance from her than we did. My experience was also heavily driven by the expressive therapists and their work ethic. Because I rarely felt comfortable going onto the units by myself, my opportunities for patient interaction were completely dependent on the therapists' schedules. Although they led several groups in the afternoons/evenings, they spent significantly more time in the office just talking to each other. It was nice to occasionally take a break from work and get to know them, but I wish we used some of that time to interact more with patients or learn other skills like documentation or planning a group. The two therapists that were more engaged were out for most of the semester, one on maternity leave and the other due to getting injured at work. If both of them had been there for me to shadow, I think I would've gotten more out of my experience.

Fall 2023 - Marita Asedillo

The Commonwealth Center for Children and Adolescents is the only public mental health facility in Virginia. It is a 48-bed inpatient facility, but is currently only functioning with 36 beds. The Center provides treatment through multidisciplinary teams of child psychiatrists, clinical psychologists, licensed professional counselors, nurses, social workers, expressive therapists, teachers and behaviorally trained direct care staff. Some of the services are; crisis stabilization, medication management, connecting patients to outpatient and community resources in their hometowns, and of course, group and individual therapy. With the CCCA



being the only public, state funded facility, the patients come from thousands of different backgrounds within the state of Virginia. Some are in the custody of the Department of Social Services, while others are still in custody of their guardians. Others come from Juvenile Detention Centers, residential treatment facilities, or group and foster homes. With that being said, working here requires you to be empathetic, flexible, passionate, and most importantly, culturally competent. I was an intern under the Expressive Therapies team which consisted of a music therapist, a peer support specialist, an art therapist, a recreational therapist, and three expressive therapists. The purpose behind an expressive therapies team is to help children work through their emotions through activities that they enjoy, rather than just sitting one to one with members of their treatment team. With the way my shifts were scheduled out, I spent the most time shadowing the recreational therapist and the peer support specialist.

With the recreational therapist, I was able to aid and assist with group games in the gym, scavenger hunts, crafts on the units, and more. The units would come down one by one for 45 minute blocks and they would be able to get a change of scenery, sweat out any of their negative feelings, and for the most part, they would leave feeling better than they did when they came in. At the start of my internship, I found that the gym groups were the best opportunity for me to start to get to know the patients since the environment that we were in was very relaxed and was put in place for them to let their guard down.

The time I valued the most was when I was able to shadow the peer support specialist. Her role is extremely different in comparison to the rest of the ET staff because she works more closely with the treatment teams and the nurses, allowing her more freedom on the floor. One unique aspect of her job description is that she helps the patients with their struggles through her own lived experience of some of the same things that the patients have gone through. This very specific part of her role allows for her to build rapport with the patients extremely fast because they see her as someone that understands them and how she was able to come out of it and turn her life around. She really allowed me to make my experience at the CCCA my own by giving me freedom to build my own relationships with the patients and staff. I took initiative and came in earlier than I was scheduled on Wednesdays so that I could go to rounds with her and listen in on the updates of the patients from the different clinicians and treatment team members. After rounds, we would go to each unit to check in on the patients that weren't down at school for the day and just spend time with them. This gave me the opportunity to be seen as a peer and friend by the patients and the relationship we built with one another is my most treasured experience from this Field Placement.

In addition to the time I was able to spend with those two specific ET staff and the patients, the biggest advantage to being at the CCCA was the fact that the work relied so heavily on having a psychology background and gave me the chance to see what my future would look like as a clinician, as well as apply the material I have learned from classes to real life. Being able to interact with the treatment team members gave me valuable insight about the hardships of this field, the amount of outside factors it takes to get the right kind of treatment for the patients; however, being able to witness first hand the triumphs the children have made all of the hard times worth it.



To be completely transparent, there were a handful of disadvantages about interning here, with one of them being the absolute disorganization of the ET office. There were rarely any places to sit when I and the other interns were there all at the same time, and there also was barely any desk space if there was a seat for you to sit in. I highly suggest that if you are a “clean freak” or “germaphobe” to prepare yourself, especially since at one point there was an abundance of ants in the office as well. Another disadvantage here was that we didn’t get trained until a month into our internship, which was dangerous since some of the patients were extremely violent and we weren’t educated on how to protect them and ourselves when they had outbursts. There is also a huge staffing issue when it comes to the direct care staff and nursing, meaning that everyone is extremely stressed, burnt out, and the overall atmosphere of the CCCA is somewhat toxic and the morale is low. Adding to that, a handful of the ET staff were extremely unmotivated to do their job and go to the group sessions that they were scheduled for, meaning that if you don’t take initiative to find something else to do or convince them to do their job, then you would be left with absolutely nothing to do. Lastly, the biggest disadvantage of this internship is having to witness coercive physical interventions be performed on the patients in situations that you may or may not agree with, so having to regulate your emotions and act objectively is key.

Building off on that point, my contribution project was on physical restraint and seclusion techniques and their effects on children and adolescents in inpatient mental health facilities. I decided to research that topic specifically because of how affected I was when I saw a physical restraint for the first time and realized that the direct care staff were more focused on forcing the child to calm down by restraining them, rather than teaching them how to de-escalate. With my research, the additional materials I decided to create was a check in sheet, one for each shift, asking the patients what emotions they were feeling that day, what can be done to help them feel better, etc. I created these because if direct care staff were more aware of what the patients were feeling, they could treat those that are feeling down with more care so physical restraints could be used less. In a better atmosphere, I would have felt comfortable to try to implement this at my site, however with the amount of other issues that needed to be fixed here, I felt like I couldn’t say anything.

Reflecting on my time at the CCCA, it definitely came with its disadvantages and hardships, however I wouldn’t have traded my experience for the world. It gave me adventures and occurrences that made me rich in knowledge and life and it only deepened my passion to pursue a clinical career in this field.

Megan Fair – Fall 2023

This semester I had the opportunity to intern at The Commonwealth Center for Children and Adolescents (CCCA) and it has been such an amazing learning experience. I honestly had no idea what I was going to be walking into because I have never been in a setting like this one. CCCA is an acute care, mental health facility for youth under the age of 18. Their mission is to provide quality care to all their patients with psychiatric evaluation, crisis stabilization, and intensive treatment. The length of stay for patients is typically short, however, there are some



instances where patients must stay there longer. CCCA is a safety net for the children who need inpatient care and cannot get admitted anywhere else. The treatment at the facility includes various methods of clinical care and treatment planning within and outside of the facility. CCCA utilizes the community services such as private hospitals, social services, and juvenile detention centers to provide the best care for the patients.

I spent my time at CCCA working alongside the Expressive Therapies team. The Expressive Therapies team is made up of one music therapist, one art therapist, one peer support specialist, and four expressive therapy specialists. This team is there to help patients cope with the stress and anxiety that may come along with being in a psychiatric hospital. Each day there is set group times for each specialist to go down to the units to facilitate activities. So, as an intern, I would also go down to the units during these times to participate in the group activity, talk to the patients, and help wherever I am needed. There is not always a lot of patients on the unit during the day because they are supposed to be in school, unless they are not allowed to leave the pod for various reasons. However, there is always something that we can be doing while at the units. Some of the activities that we have done include games, crafts, dance, music, and sports. For example, we just recently made gingerbread houses out of brown paper bags with the patients. This activity got a lot of engagement because we used different markers, stickers, and cut-outs. Many times, the patients like the crafts because they enjoy being able to keep them and put them in their room as decoration. Another group activity that the patients love is playing in the gym. During this group time we will play music and have activities around the gym like basketball, an obstacle course, puzzles, coloring, scooters, etc. Overall, I really enjoy going to groups because it is when I can get to know and connect with each patient in a different way.

CCCA is the only publicly funded psychiatric hospital in Virginia. Being the only publicly funded facility comes with some advantages and disadvantages. An advantage is that we get to help all individuals no matter what their background is. However, that can be a little difficult sometimes. Many patients come from a background of trauma, abuse, and neglect which could be difficult for some people to hear about. Although it is not easy work, it is rewarding being able to help these patients through their recovery process. Another result of being a publicly funded facility is some understaffing issues. This is a challenge for publicly funded hospitals due to budget constraints. That being said, even though I was an intern, I felt as if I was needed and could help around the facility which was nice. Although there are some understaffing issues, it is obvious that the staff at CCCA truly want to help each patient get better by doing anything and everything that they can. Seeing some of the staff go out of their way to make patients feel comfortable was very uplifting.

Something that I learned at my site was about the various therapeutic interventions. Many times, we utilize play, recreational, and art therapy techniques that are tailored to individual needs for the patients. Another thing that I learned about was the use of physical restraints. I went through a full day of training to learn how to restrain a patient so I would be prepared for any situation that came my way. Thankfully I have not had to physically get involved myself, however, I have had to watch it happen many times. Although it is hard to watch, after debriefing and learning more about why they physically restrain the patients, I was able to understand that the staff does it to ensure that the patient and everyone around them is safe. Even though I may have not



necessarily agreed with some of the decisions in the moment, those specific experiences have ultimately strengthened my passion to get in the field of Child Life so I can be an advocate for children who may be going through similar situations.

Although I learned a lot from being at CCCA, I feel that the things I learned as a Psychology student helped me through many situations at my site. For example, I took a developmental psychology course last year which laid out all the psychological aspects of growth, development, and behavior from birth through adolescence. I am also currently the teacher's assistant for this course. The material that I have learned from this course has helped me gain a better understanding of some of the patients at CCCA. Having knowledge about the developmental stage each patient is going through has allowed me to provide better care to all. Other courses that I was able to apply to my internship include abnormal psychology, counseling psychology, cognitive psychology, and more. I am very glad that I had the background knowledge from these courses going into my internship at CCCA because it allowed me to approach situations with a more informed and empathetic perspective.

As a result of all my experiences that I had during my internship at CCCA, I came up with a contribution project that would improve the facility, patients, and staff. It did not take me long to think of an idea for this project because I knew that I wanted to help make the facility feel more personalized and comforting. So, after a lot of research I came up with the idea of adding hygiene carts with several inclusive self-care products on the units along with adding colorful murals. I came up with the idea of hygiene carts after witnessing patients complain about their hair. They felt as if they did not have the tools to take good care of their hair and to sustain proper hygiene. Since these patients are stripped from all their personal products when they enter the facility, I thought that it would be a great idea to have carts that contain different items like various shampoos and conditioners, combs, hair oils, deodorants, etc. to ensure that the products at the facility are inclusive to all ethnicities and individual needs. By having a selection of products for the patients, it may also allow them to feel a sense of belonging and a sense of choice. Additionally, I want to add murals to the units. The units consist of gray cinderblock walls, a wooden table, and no windows. CCCA is not supposed to be a punishment for these children. It is a facility that provides quality care to patients to help them during their recovery process and to keep them safe. Additionally, murals not only will benefit the patients, but it will also make it a more positive environment for the staff. Adding colors and murals in hospital settings has been shown to reduce anxiety, to act as a distraction, and to ultimately improve patient outcomes. The staff that I was around also agreed that these additions could be really beneficial for the facility. However, as I was only here for one semester, there was not enough time to implement it. So, with that being said, I will not actually be putting together the hygiene carts or painting the murals. Even though it would have been fun to do it myself, it gives me hope that having all the research done will get the ball rolling and maybe the next intern can finish it.

Overall, I am so thankful to have had this time at CCCA because it has taught me a lot and given me a new experience that I believe will benefit me in the future. I could not have imagined being at any other site and am so glad I had this opportunity. I look forward to seeing how the things I have learned at CCCA will help me with my career as a Child Life Specialist. I would



recommend this field placement site to anyone who is interested in working with children with various mental illnesses, learning more about expressive therapy, or even just being in a medical environment and working alongside many other staff members such as nurses, social workers, psychologists, and teachers.

Caitlin Fair – Fall 2023

For my field placement experience, I was placed at the Commonwealth Center for Children and Adolescents. This is an acute care, mental health facility for youth under the age of 18 years old. Their mission statement is “to provide high quality acute psychiatric evaluation, crisis stabilization, and intensive short-term treatment that empowers children and their families to make developmentally appropriate choices and that strengthens children’s hope, resilience, and self-esteem”. The center provides many services for children going through a mental health crisis. They have four 12-bed living units, a school, and many recreational spaces. They also deliver treatment through multidisciplinary teams of child psychiatrists, clinical psychologists, nurses, social workers, expressive therapists, teachers and behaviorally trained direct care staff. What caught my eye about this facility is the fact that it combines working with children and the medical field. My ideal career is to become a Child Life Specialist in a hospital. Therefore, this placement was perfect for me. I got to be in a hospital setting while advocating for children. As a student intern, I work with the Expressive Therapy team. I help assist in group therapy sessions, as well as individual sessions, using art, music, recreational games, and other creative modalities. Our team strives to offer a safe and nurturing environment for patients to process their feelings during challenging times. I love working with the expressive therapy team because we get to meet and spend time with all the patients, and we usually get to see them having fun with our activities. With this job, I have been able to help plan and organize fun lessons. I have also been able to sit in on medical rounds where everyone comes together to discuss treatment plans, sit in on parent visits, shadow a Peer Support Specialist, see how the psychologists/ doctors/ nurses / social workers all work with the patients, and so much more. I feel like I have had the opportunity to learn from many different fields. Another interesting part of this job is that you have to learn how to work around many restrictions. Many of these kids aren’t allowed to use certain things or do certain activities. It is important to always be on your toes and alert to what is going on around you. It definitely taught me how to act quickly and think creatively to meet everyone’s needs, which will be beneficial for me in my future career. I have experienced many unique situations at this facility. I am very thankful for this opportunity because I genuinely have learned a lot. However, there were some things that I was not prepared for when coming into this job. For instance, we take part in Therapeutic Options training that prepares us for any circumstances that we may experience. We learn how to protect ourselves and the patients. While this is extremely important, it can be intense. We have to learn how to do physical restraint practices and what to do when a child may be coming at us. I was not aware of how much physical restraint I would witness at this facility. However, sometimes it is what is needed to keep everyone safe. I had to learn pretty quickly how to separate my emotions from



my work. The first time I saw a code was emotional for me because a lot happens all at once and it can be a lot to take in. However, the staff do a good job making sure we are all okay after a code takes place. They provide a safe space for debriefing which is important. Another thing I wish I was prepared for is that we do not really get to take the lead and create our own lesson plans. The Expressive Therapy office is a little overwhelming and we usually ended up spending our time following whoever was working that day. There also seems to be a little bit of a disconnect between nursing staff and the Expressive Therapy team which can lead to some miscommunication. Therefore, I had to learn how to just go with the flow and be adaptable to whatever was going on that day, even if it meant working in the office for most of the time. Closer the end of the semester, there were some concerns brought to our supervisors' attention. This was definitely beneficial for me as the standards were raised and I started getting more hands-on experience with the patients. I learned how important it is to take the lead and have the internship be what you make of it. I started branching out to other staff and going to units when maybe the ET team was not there. Our supervisor has also been a great resource and made us aware from the very beginning that she was there for anything and everything we may need. While it may be emotionally taxing at some times at this facility, it is also rewarding. Being able to watch the children get better and recover is fulfilling.

For my contribution project, I researched the importance of having murals in a hospital setting, as well as having diverse hygiene products. These are two things that I believe are lacking in this facility. When I first started working here, I immediately noticed how dull the units were, almost creating an uncomfortable environment. It has been proven that having some color on the walls in a hospital setting will significantly improve the well-being of the patients. If we changed the white cinderblock walls to have murals, it will create a more relaxed and calming healing environment. The other project I researched was the importance of having hygiene products that everyone can use regardless of race, ethnicity, skin-type, and hair-type. Because this is a state-governed facility, they only have basic products that some people may not be able to use. For instance, I noticed one of the patients had matted hair. The shampoo and conditioner, as well as the combs, were not suitable with their hair type. It is important that every child feels like they can take care of themselves with products that work for them. It has been proven that if patients look good, they will feel good. It will also allow the patients to feel like they have a sense of choice and autonomy when deciding what hygiene products they want to use. Unfortunately, I was unable to implement these ideas in the facility, but I completed all the materials and research needed to help whoever ends up taking these projects on.

Overall, I had a great learning experience at CCCA and it really has made my passion to advocate for children stronger. The things I witnessed, the patients I met, the staff I worked with, and so much more, all played a role in my experience. I learned how to be independent, how to stand up for the patients, how to effectively communicate with the children, how to create different activities that encouraged the children to express their emotions, how to connect with those going through challenging times, how to manage my time, how to de-escalate patients, how to help children cope with what is going on, and how to navigate unexpected challenges. I would not change anything about my placement and am so grateful for this opportunity.



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